Wisconsin Health Insurance Risk Sharing Plan (HIRSP) Companion Document to HIPAA Implementation Guide:
837 Dental, Professional, Institutional

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to the Wisconsin Health Insurance Risk Sharing Plan (HIRSP). This companion document should be used in conjunction with the Wisconsin Medicaid Companion Document to HIPAA Implementation Guide.

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide Wisconsin HIRSP-specific information that details the way to create HIPAA transactions for Wisconsin HIRSP and explains how Wisconsin HIRSP creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the Wisconsin HIRSP-specific information required to successfully exchange transactions electronically with Wisconsin HIRSP.

Companion documents highlight the data elements significant for Wisconsin HIRSP. For transactions created by Wisconsin HIRSP, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how Wisconsin HIRSP processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at
(608) 221-9036.

837 Professional, Dental, & Institutional

Loop	Element	Name	Instructions
	ISA08	Interchange Receiver ID	Use "WISC_DHFS" for Wisconsin HIRSP.
	GS03	Application Receiver's Code	Enter "WISC_HIRSP" for Wisconsin HIRSP.
1000B	NM103	Receiver Name	Use "Wisconsin HIRSP" to indicate the claims are being sent to Wisconsin HIRSP.
1000B	NM109	Identification Code or Receiver Primary Identifier	Use "WISC_HIRSP" to indicate the claims should be routed to Wisconsin HIRSP.
2010BA	NM103	Subscriber Last Name	Enter the policyholder's last name.
2010BA	NM104	Subscriber First Name	Enter the policyholder's first name.
2010BA	NM109	Subscriber Primary Identifier	Enter the policyholder's 10-digit policyholder identification number. Note: Do not enter any other numbers or letters.
2300	HI	Condition information	Enter condition code information in this segment. If the claim is for transitional services, condition code 41 must appear in one of the first five positions of the condition code field (institutional only).
2300	REF	Prior Authorization or Referral Number	Not used for HIRSP.
2300	REF01	Reference Identification	Not used for HIRSP.

Loop	Element	Name	Instructions
		Qualifier	
2300	REF02	Prior Authorization or Referral Number	Not used for HIRSP.
2300	REF	Peer Review organization (PRO) approval number	Not used for HIRSP.
2300	REF01	Reference identification qualifier	Not used for HIRSP.
2300	REF02	Peer review authorization number	Not used for HIRSP.
2400	REF	Prior authorization or referral number	Not used for HIRSP.
2400	REF01	Reference identification qualifier	Not used for HIRSP.
2400	REF02	Referral Number	Not used for HIRSP.